

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13002

1704

399

MAY 24 1935

1. PLACE OF DEATH
 County Jackson Registration District No. 1002
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 3700 Washington) St. _____ Ward _____

2. FULL NAME Mathilda Garfield Kuehl
 (a) Residence, No. 3700 Washington St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-9-1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>53</u>	<u>7</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia
Penn.

FATHER

13. NAME Geo. Kuehl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia
Pa.

MOTHER

15. MAIDEN NAME Martha Kirkpatrick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steubenville
Ohio

17. INFORMANT (ADDRESS) E. J. Kuehl
3700 Washington K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Philadelph. Pa. DATE 4/20 1935

19. UNDERTAKER (ADDRESS) Stine & Co. Church. Co.
3235 Ellham Bldg 150. Mo

20. FILED 4-20 1935 name Crowe
asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-10 1935, to 4-19 1935
 I last saw her alive on 4-18 1935 Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Myocardial insufficiency 1930
Hypertension 1930
 Other contributory causes of importance 820.1
Cerebral hemorrhage

Name of operation _____ Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. P. Frick M. D.
 (Address) 814 Prof Bldg

